

Army National Guard Data Sheet Clinical Pastoral Education

Type responses, scan and email completed information to
ARNG Chaplains Office: ron.martinminnich@us.army.mil

Applying for:

12 month residency (4 Units of CPE) _____

Intensive (11-12 Weeks) (1 Unit of CPE) _____

Extended Unit (24-26 Weeks) (1 Unit of CPE) _____

Preferred program/site:

Earliest date you can begin: _____

Directory Information

Name:

U.S. Citizen: Yes No (circle one)

Mailing address: _____

City: _____ State: _____

Country & ZIP: _____

Email: _____

Day Tel.: _____

Alt Tel.: _____

Fax: _____

Permanent address: _____

City: _____ State: _____

ZIP: _____ Country: _____

Alt Email: _____

Denomination/Faith Group Affiliation:

Prior CPE Dates and Center Supervisor:

Are you deploying? Yes No (circle one)

Latest Deployment dates and location?

Supervisory Chaplain Approval: Approve Disapprove (circle one)

Signature of Supervisory Chaplain: _____
(Name/Title):

Phone: _____

Address: _____

City: _____ State: _____

ZIP: _____ Email: _____

I understand that my participation in a CPE program does not qualify as an equivalency or as an excuse for performing monthly drills or Annual Training requirements.

Split Unit Training Assemblies (SUTAs) must be approved by the Unit Commander and Supervisory Chaplain.

Signature of applicant:

Date: _____